



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC AND NUTRITION SERVICES

WIC NUTRITION ASSESSMENT FOR WOMEN

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| PARTICIPANT NAME | DATE COMPLETED: |
|------------------|-----------------|

COMPLETED BY ALL WOMEN

1. Are you following a special diet? ☐ Yes ☐ No **[427.2]**

If yes, which of the following special diets are you following? (Select all that apply):

- ☐ Vegetarian ☐ Vegan ☐ Low calorie/weight loss ☐ Macrobiotic ☐ Food allergy
☐ Low Fat ☐ Low Carbohydrate ☐ Other: _____

If yes, is there a medical condition related to this special diet? ☐ Yes ☐ No **[341-362]**

2. Do you routinely eat things that are non-food items? ☐ Yes ☐ No **[427.3]**

If yes, select all that apply:

- ☐ Ashes ☐ Chalk ☐ Large quantities of ice and/or freezer frost
☐ Baking Soda ☐ Cigarettes ☐ Paint chips
☐ Burnt matches ☐ Clay ☐ Soil
☐ Carpet fibers ☐ Dust ☐ Starch (laundry or cornstarch) ☐ Other: _____

3. On a typical day, how many times do you usually eat fruit? ☐ 5 or more ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ None

4. On a typical day, how many times do you usually eat vegetables? ☐ 5 or more ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ None

5. What type of milk do you drink? (Select all that apply): **[427.2]**

- ☐ Milk (Cow) ☐ Goat Milk ☐ Rice Milk or Almond Milk ☐ Soy Milk ☐ Lactose Free Milk ☐ None
☐ Other _____

What kind of milk do you drink? ☐ Fat-free (skim) ☐ Low-fat (1%) ☐ Reduced fat (2%) ☐ Whole ☐ Not Applicable

On a typical day, how many times do you drink milk?

- ☐ 4 cups or more/ Many times/day ☐ 3 cups/Three times/day ☐ 2 cups/ Twice/day ☐ 1 cup or less/ Once/day or less

6. On a typical day, how many times do you drink juice, fruit/sports drinks, regular pop/soda, sweet tea and/or water with Kool-Aid or sugar? ☐ 4 or more ☐ 3 ☐ 2 ☐ 1 ☐ None.

On a typical day, how many times do you drink diet pop/soda and/or coffee/tea? ☐ 4 or more ☐ 3 ☐ 2 ☐ 1 ☐ None

On a typical day, how many times do you drink plain water? ☐ 4 or more ☐ 3 ☐ 2 ☐ 1 ☐ None

7. What kind of physical activities do you do on most days? (Select all that apply)

- ☐ None ☐ Running ☐ Housework/cleaning ☐ Bike riding ☐ Playing with my children
☐ Walking ☐ Swimming ☐ Gardening/yard work ☐ Gym ☐ Other: _____

8. On a typical day, how many minutes do you spend doing these activities breathing hard or sweating?

- ☐ Less than 15 minutes ☐ 15 minutes ☐ 30 minutes ☐ 45 minutes
☐ 60 minutes (1 hour) ☐ 90 minutes (1½ hours) or more ☐ Not Applicable

9. Have you visited a dentist within the past 12 months? ☐ Yes ☐ No **[381]**

Do you have tooth decay, broken teeth, bleeding gums, missing teeth

and/or misplaced teeth that make chewing difficult? ☐ Yes ☐ No

ANSWER THE FOLLOWING QUESTION IF YOU ARE CURRENTLY PREGNANT.

10. Which of the following foods do you eat? (Select all that apply): **[427.5]**

- ☐ Fresh squeezed fruit or vegetable juices
☐ Unpasteurized (farm fresh) dairy products
☐ Soft cheeses such as Feta, Brie, Camembert, Blue-veined cheese, Queso Blanco, Queso Fresco
☐ Raw or undercooked meats, fish, chicken, turkey or eggs
☐ Raw sprouts (alfalfa, clover, bean, radish)
☐ Uncooked luncheon meats, deli meats, hot dogs
☐ None of these

Your CPA/Nutritionist will discuss your eating and activity habits and will ask more questions.

